



CANDIDATE'S STATEMENT OF ORGANIZATION AND DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE

(CFA-1)

State Form 4604 (R13/9-10)

Indiana Election Commission (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.

FILE NUMBER

1. IS THIS AN AMENDMENT? ☒ No ☐ Yes If Yes, please enter the file number in this box →

SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

2. Last Name Shrock	First Name Emily	Middle Name Armonia	Nickname	3. Type of Committee (Check one) <input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee	
4. Mailing Address 935 Prospect St.		5. FAX (Optional) ()		6. E-mail Address (Optional)	
7. City Indianapolis	State IN	ZIP Code 46203	8. County Marion	9. Telephone (Day) 765 860-4324	10. Telephone (Evening) 765 860-4324
11. Party Affiliation <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input type="checkbox"/> Republican <input type="checkbox"/> Other			12. Office Sought (Include district number, if any. Not required for an exploratory committee.) City-County Council of Indianapolis-Marion County		

SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

13. Full Name of Committee (Do not abbreviate) <input checked="" type="checkbox"/> Check if this is a new name Friends of Emily Shrock					
14. Mailing Address <input type="checkbox"/> Check if this is a new address P.O. Box 1542			15. FAX (Optional) ()		16. E-mail Address (Optional)
17. City Indianapolis	State IN	ZIP Code 46206	18. County Marion	19. Telephone (Day) 765 860-4324	20. Committee Organization Date (MM-DD-YY) 01/21/15
21. Chairperson's Full Name <input type="checkbox"/> Designate Candidate as Chairperson <input type="checkbox"/> Check if this is a new chairperson Dan Forestal					
22. Mailing Address <input type="checkbox"/> Check if this is a new address 1101 N. Layman Ave.			23. FAX (Optional) ()		24. E-mail Address (Optional)
25. City Indianapolis	State IN	ZIP Code 46219	26. County Marion	27. Telephone (Day) 317 333-1150	28. Telephone (Evening) 317 333-1150
29. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.) Bank of Indianapolis					
30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.)			31. Salaries and Reimbursements (Will the committee pay the candidate a salary or reimbursement for lost wages? If Yes, attach a copy of the contract.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)

32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee. Jennifer Jones			Signature of the Committee Chairperson <i>D. Forestal</i>		
33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer <input checked="" type="checkbox"/> Check if this is a new treasurer Jennifer Jones					
34. Mailing Address <input type="checkbox"/> Check if this is a new address 8620 Green Braes North Dr			35. FAX (Optional) ()		36. E-mail Address (Optional)
37. City Indianapolis	State IN	ZIP Code 46234	38. County Marion	39. Telephone (Day) 317 840-3817	40. Telephone (Evening) 317 840-3817

SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)

41. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of a campaign finance committee (except as permitted for a candidate committee under IC 3-9-1-7).

Signature of Person Accepting Appointment
Myra A. Eldridge

SECTION E. CERTIFICATION OF STATEMENT

We certify as the candidate and the duly appointed Chairperson of the Committee and that we have examined this statement. To the best of our knowledge and belief it is true, correct and complete.

42. Typed or Printed Name of Chairperson Dan Forestal	Signature of Chairperson <i>D. Forestal</i>	Date (MM-DD-YY) 1/21/15
43. Typed or Printed Name of Candidate Emily Shrock	Signature of Candidate <i>Emily A Shrock</i>	Date (MM-DD-YY) 01-21-15

FOR OFFICE USE ONLY

Myra A. Eldridge

JAN 21 2015

FILED

Warning: State law requires that any change in this information be reported within 10 days of the change (IC 3-9-1-10). A person who knowingly files a fraudulent report commits a Class D felony (IC 3-14-1-13). A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be subject to civil penalties (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18).